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		Attorney Docket Number	PR60416	USw					
DECLARATION FOR	UTILITY OR	First Named Inventor	David Fra	ancis CORBETT					
DESIGN PATENT APPLIC	ATION	COMPLETE IF KNOWN							
(37 CFR 1.63)		Application Number							
	Declaration Submitted after Initial Filing (surcharge)	Filing Date							
		Art Unit							
Filing (	37 CFR 1.16 (e)) equired)	Examiner Name							
l hereby declare that:									
Each inventor's residence, mailing	address, and citizenshi	p are as stated below next to t	their name.	Í					
I believe the inventor(s) named be which a patent is sought on the inv	-	d first inventor(s) of the subjec	ct matter which i	s claimed and for					
NOVEL COMPOUNDS									
		(Title of the Invention)							
the specification of which									
is attached hereto									
OR									
was filed on (11/15/2004)	as United States Applica	ation Number or PCT Internati	ional						
Application Number PCT/US20	04/038126 and was a	mended on (MM/DD/YYYY) (	(if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- In-part applications, material information which became available between the filing date of the prior application and the national or									
PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's									
or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent,									
inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application									
on which priority is claimed.  Prior Foreign Application Country Foreign Filing Date Priority Not Certified Copy Attached?									
Prior Foreign Application Number(s)	Country	(MM/DD/YYYY)	Claimed	YES NO					
		1							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:									

[Page 1 of 2]

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		<u> </u>		Patent Applic	****	
Direct all correspondence to:	ect all correspondence to: Customer Number 23347			7 OR Correspondence address below		
Name						
Address						
City	<u> </u>		State		ZIP	
Country	Telep	hone			Fax	
pelief are believed to be true; and finds so made are punishable by find epardize the validity of the application NAME OF SOLE OR FIRST IN Given Name (first and middle [if any])	or imprisonment, or imprisonment, or any patent	or both, under 18 issued thereon.	been f Fam Or S	ill the knowledge that c. 1001 and that such v led for this unsigned in ily Name urname RBETT	villful false statements may	
Inventor's Signature OF. Corbett			Date		Date 22 - Aus - 05	
Residence:	ence: State			Country	Citizenship	
Harlow, Essex	İ			GB	GB	
Mailing Address						
c/o GlaxoSmithKline, Corp	orate intellect	State	рер	ZIP	Country	
,		i <u>.</u>				
Research Triangle Park NAME OF SECOND INVENTO	)P:	NC		27709-3398	US	
A pention has been filed for this drisigned inventor					ventor	
Given Name Family (first and middle [if any]) Or Suri			Surname			
Kate Anna			DW	ORNIK		
Inventor's Signature	<del></del>		-		Date	
Residence: City	<del></del>	State		Country	Citizenship	
Durham		North Carolina		us	us	
Mailing Address			_			
c/o GlaxoSmithKline, Cor	porate Intellec	tual Propert	y Dep	artment, Five Mo	ore Drive, PO Box 13398	
City		State		ZIP	Country	
Research Triangle Park		NC		27709-3398	US	
Additional inventors are being nar	ned on the sup		al Inver	tor(s) sheet(s) PTO/SB/02		

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid QMB control number **DECLARATION – Utility or Design Patent Application** Direct all correspondence to: 23347 OR Correspondence address below Customer Number Name Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) Or Surname **David Francis CORBETT** Inventor's Date Signature State Residence: Country Citizenship GB Harlow, Essex GB Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398 ZIP City State Country Research Triangle Park 27709-3398 US NC NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Family Name Given Name Or Surname (first and middle [if any]) **DWORNIK** Kate Anna Date Inventor's Wante Signature Residence: City State Citizenship Country **North Carolina** US Durham US Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398 City State ZIP Country US Research Triangle Park NC 27709-3398 supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto Additional inventors are being named on the

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Name	<del></del> .			
Address				
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Country	phone		Fax	
I hereby declare that all statements made herein of medief are believed to be true; and further that these solike so made are punishable by fine or imprisonment, jeopardize the validity of the application or any patent	tatements were ma or both, under 18	ade with the knowledge that	willful false statements and the	
NAME OF SOLE OR FIRST INVENTOR:	A petition has be	een filed for this unsigned in	rventor	
Given Name		Family Name Or Surname		
(first and middle [if any])  David Francis				
Inventor's Signature			Date	
Residence:	State	Country	Citizenship	
Harlow, Essex	<u> </u>	GB	GB	
Mailing Address				
c/o GlaxoSmithKline, Corporate Intellec	tual Property I	Department, Five Mo	ore Drive, PO Box 13398	
City	State	ZIP	Country	
Research Triangle Park	NC	27709-3398	us	
NAME OF SECOND INVENTOR:	A petition has b	peen filed for this unsigned i	nventor	
Given Name (first and middle [if any])  Family Name Or Surname				
Kate Anna		DWORNIK		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Durham	North Caroli	ina US	us	
Mailing Address				
c/o GlaxoSmithKline, Corporate Intellect	State	ZIP	Country	
		<u> </u>		
Research Triangle Park  Additional inventors are being named on the su	NC	27709-3398 Inventor(s) sheet(s) PTO/SB/02	US	

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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page of		
Name of Additional Joint Inventor, if any:		A peti	tion has been filed for this u	insigned inventor	
Given Name (first and middle [if any])			Family Name o	r Sumame	
Dulce Maria			GARRI	DO	
Inventor's Carles Millan,				Date 8-15-05	
Residence: City Durham	State NC		Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpora	te intellectual	Property	Department, Five Moore	Drive, PO Box 13398	
City Research Triangle Park	State NC		ZIP 27709-3398	Country US	
Name of Additional Joint Inventor, if any:			tion has been filed for this u	insigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Stephen Carl			MCKEOWN		
Inventor's Signature		_		Date	
Residence: City Great Britain	sidence: City State			Citizenship GB	
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398					
ity State search Triangle Park NC			ZIP 27709-3398	Country US	
Name of Additional Joint Inventor, if any:		A pet	ition has been filed for this	unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Wendy Yoon			MILLS		
Inventor's Signature				Date	
Residence: City Durham	State NC		Country	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398					
City Research Triangle Park	State NC		ZIP 27709-3398	Country	

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Name of Additional Joint Inventor, if any:	] [	Ар	etition has been filed for	this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Dulce Maria			G/	ARRIDO	
Inventor's Signature				Date	
Residence: City Durham	State NC		Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpo	rate Intellectua	l Prope	rty Department, Five M	loore Drive, PO Box 13398	
City Research Triangle Park	State NC		ZIP 27709-3398	Country US	
Name of Additional Joint Inventor, if any:		□ Ар	etition has been filed fo	r this unsigned inventor	
Given Name (first and middle [if any	y])		Family Name or Surname		
Stephen Carl			MCKEOWN		
Inventor's SMCNEOWN				12 Avg 05	
Residence: City Great Britain	State		Country GB	Citizenship GB	
Mailing Address c/o GlaxoSmithKline, Corpo	orate intellectu	al Prop	erty Department, Five	Moore Drive, PO Box 13398	
City Research Triangle Park	State NC			Country US	
Name of Additional Joint Inventor, if any:		☐ A p	etition has been filed fo	r this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Wendy Yoon			MILLS		
Inventor's Signature				Date	
Residence: City Durham	State NC		Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpo	rate Intellectua	l Proper	ty Department, Five M	oore Drive, PO Box 13398	
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Name of Additional Joint Inventor, if any:		A petition has been filed for	this unsigned inventor		
Given Name (first and middle [if any	])	Family Name or Surname			
Dulce Maria		GA	RRIDO		
Inventor's Signature			Date		
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City Research Triangle Park	State NC	ZIP 27709-3398	Country US		
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Given Name (first and middle [if any	<b>/</b> })	Family Name or Surname			
Stephen Carl		MCKEOWN			
Inventor's Signature			Date		
Residence: City Great Britain	State	Country GB	Citizenship GB		
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Name of Additional Joint Inventor, if any:	[	A petition has been filed for	this unsigned inventor		
Given Name (first and middle [if an	Given Name (first and middle [if any])		Family Name or Surname		
Wendy Yoon	MILLS				
Inventor's Wendy 4 Mill Signature			Date 8/16/05		
Residence: City Durham	State NC	Country US	Citizenship US		
Mailing Address c/o GlaxoSmithKline, Corpor	ate Intellectual	Property Department, Five Mo	ore Drive, PO Box 13398		
City Research Triangle Park	State	ZIP 27709-3398	Country US		

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City

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page of			
Name of Additional Joint Inventor, if any:		] A petit	tion has been filed for this	unsigned inventor	
Given Name (first and middle [if any])			Family Name	or Surname	
Andrew James			PEA	T	
inventor's Signature				Date	
Residence: City Durham	State NC		Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpora	ite Intellectual	Property	Department, Five Moore	Drive, PO Box 13398	
City Research Triangle Park	State NC_		ZIP 27709-3398	Country US	
Name of Additional Joint Inventor, if any:	me of Additional Joint Inventor, if any:  A petition has been filed fo			this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Terrence, Lee, JR.		SMALLEY			
Inventor's Signature	Small	ley (	J	Date 8 10 2005	
Residence: City Durham	State NC	1	Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpor	ate Intellectua	Propert	y Department, Five Moor		
City Research Triangle Park	State NC		ZIP 27709-3398	Country US	
Name of Additional Joint Inventor, if any:		Apet	ition has been filed for this	unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City	State		Country	Citizenship	
Mailing Address					
City	State		ZIP	Country	

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## **DECLARATION - - Supplemental Priority Data Sheet** Additional foreign applications: Prior Foreign Application Country Foreign Filing Date Priority Not Certified Copy Attached? Number(s) Claimed (MM/DD/YYYY) YES NO $\Box$

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